

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FLUNG DATE

APPUCANT(S)

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
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| TOTAL IND. | | | | | | |
| TOTAL DEP. | 21 | | | | | |
| TOTAL CLAIMS | 9 C1 | | | | | |